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FAX TRANSMISSION**DATE:** June 3, 2005**PTO IDENTIFIER:** Application Number 10/600,003
Patent Number**Inventor:** Dana M. Fowlkes et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** EDWARDS & ANGELL, LLP

Peter C. Lauro

PHONE: (617) 439-4444**Attorney Dkt. #:** 60638CIP2(50370)**PAGES (Including Cover Sheet):** 5

CONTENTS: Statement Under 37 CFR 3.73(b) (1 page)
Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence
Address (1 page)
Transmittal (1 page)
Certificate of Transmission (1 page)

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PTO/SB/87 (09-04)

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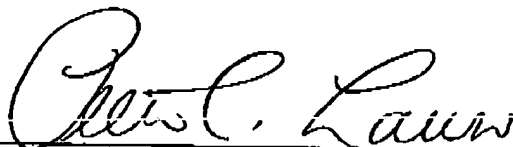
Application No. (if known): 10/600,003

Attorney Docket No.: 60638CIP2(50370)

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Statement Under 37 CFR 3.73(b) (1 page)
Revocation of Power of Attorney with New Power of Attorney and Change
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<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 5px 0;">(to be used for all correspondence after initial filing)</p>		Application Number	10/600,003
		Filing Date	June 18, 2003
		First Named Inventor	Dana M. Fowlkes
		Art Unit	1646
		Examiner Name	M. T. Brannock
		Attorney Docket Number	60638CIP2(50370)
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; width: 100px; height: 15px; float: left; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS & ANGELL LLP		
Signature			
Printed name	Peter C. Lauro		
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Dated: June 3, 2005	Signature: (Peter C. Lauro)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/600,003
	Filing Date	June 18, 2003
	First Named Inventor	Dana M. Fowlkes
	Art Unit	1646
	Examiner Name	M. T. Brannock
	Attorney Docket Number	60638CIP2(50370)

I hereby revoke all previous powers of attorney given in the above-identified application.

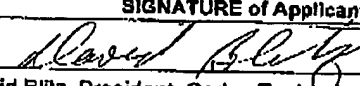
☐ A Power of Attorney is submitted herewith.
OR
☒ I hereby appoint the practitioners associated with the Customer Number: 21874

☐ Please change the correspondence address for the above-identified application to:
☐ The address associated with Customer Number:
OR
☒ Firm or Individual Name **EDWARDS & ANGELL, LLP
Peter C. Lauro**

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City **Boston**
Country **US** State **MA** Zip **02205**
Telephone **(617) 439-4444** Fax **(617) 439-4170**

I am the:
☐ Applicant/Inventor.
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	David Blitz, President, Cadus Technologies, Inc.		
Date	5/13/05	Telephone	212-575-7800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

PTO/SB/88 (09-04)
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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Cadus Technologies, Inc.Application No./Patent No.: 10/600,003 Filed/Issue Date: June 18, 2003Entitled: YEAST CELLS ENGINEERED TO PRODUCE PHERMONE SYSTEM PROTEIN SURROGATES.
AND USES THEREFOR

Cadus Technologies, a Corporation
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
 2. ☐ an assignee of less than the entire right, title and interest.
 The extent (by percentage) of its ownership interest is _____ %

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- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee

David Blitz
 Signature

6/23/05
 Date

David Blitz
 Printed or Typed Name

212-575-7800
 Telephone Number

President, Cadus Technologies, Inc.
 Title